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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
RD39/15

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6,533,718, granted March 18, 2003 and for which a reissue patent is sought on the invention entitledSEX AID

the specification of which

 is attached hereto. was filed on _____ as reissue application number _____and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

 I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

 by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The error occurred in claiming less than that to which applicants were entitled. Claim protection should have been provided to applicants for a sex aid independent of the materials of which it is fabricated and independent of the raised nubs on the first surface of the base.

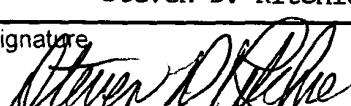
[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|---|----------------------|--|--------------|-----|------------|
| (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) | | Docket Number (Optional) BD39/15 | | | |
| All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. | | | | | |
| Name(s) | Registration Number | | | | |
| <u>Edward P. Dutkiewicz</u> | <u>46,676</u> | | | | |
| Correspondence Address: Direct all communications about the application to: | | | | | |
| <input type="checkbox"/> Customer Number: | <input type="text"/> | | | | |
| OR | | | | | |
| <input checked="" type="checkbox"/> Firm or Individual Name | Edward P. Dutkiewicz | | | | |
| Address | 152 SW 8th Avenue | | | | |
| Address | P.O. Box 511 | | | | |
| City | Largo | State | FL | Zip | 33779-0511 |
| Country | USA | | | | |
| Telephone | 727-586-2570 | Fax | 727-584-9231 | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. | | | | | |
| Full name of sole or first inventor (given name, family name) | | | | | |
| <u>Steven D. Ritchie</u> | | Date <u>7/26/03</u> | | | |
| Inventor's signature | | | | | |
| Residence | Citizenship | | | | |
| 368 Bay Plaza | US | | | | |
| Treasure Island, FL 33706 | | | | | |
| Mailing Address | | | | | |
| Same | | | | | |
| Full name of second joint inventor (given name, family name) | | | | | |
| <u>Harlie David Reynard</u> | | Date <u>7/28/03</u> | | | |
| Inventor's signature | | | | | |
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| 504 Johns Pass Ave. | US | | | | |
| Madeira Beach, FL 33708 | | | | | |
| Mailing Address | | | | | |
| Same | | | | | |
| Full name of third joint inventor (given name, family name) | | | | | |
| Inventor's signature | Date | | | | |
| Residence | Citizenship | | | | |
| Mailing Address | | | | | |
| <input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto. | | | | | |

| | | |
|--|---|--|
| REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT | | Docket Number (Optional) BD39/15 |
| This is part of the application for a reissue patent based on the original patent identified below. | | |
| Name of Patentee(s) Steven D. Ritchie and Harlie David Reynard | | |
| Patent Number 6,533,718 | Date Patent Issued March 18, 2003 | |
| Title of Invention Sex Aid | | |
| <p>1. <input type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> | | |
| One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee". | | |
| The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue. | | |
| The assignee(s) owning an undivided interest in said original patent is/are _____, and the assignee(s) consents to the accompanying application for reissue. | | |
| Name of assignee/inventor (if not assigned) Steven D. Ritchie | | |
| Signature  | Date 7/28/03 | |
| Typed or printed name and title of person signing for assignee (if assigned) | | |

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee". The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue. | | |
| The assignee(s) owning an undivided interest in said original patent is/are _____, and the assignee(s) consents to the accompanying application for reissue. | | |
| Name of assignee/inventor (if not assigned) Harlie David Reynard | | |
| Signature  | Date 7/29/03 | |
| Typed or printed name and title of person signing for assignee (if assigned) | | |

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